


|                 |                                   |      |  |
|-----------------|-----------------------------------|------|--|
| 120             | QC8- Inspect parts - second check | 0.00 |  13/06/06 <div> <div>20</div> <div>Ø</div> </div> |
| <b>*120*</b>    |                                   |      |  |
| QC              | <b>Memo</b>                       | 0.00 |  |
| Quality Control |                                   |      |  |

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

|  |      |      |     |   |                      |   |                |              |              |  |  |
|--|------|------|-----|---|----------------------|---|----------------|--------------|--------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |      |      |     | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Work Order Update <input type="checkbox"/> |                      | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                |              |              |  |  |
| <b>Root Cause</b>  | Date | Step | Qty | Description of work order update<br>or Non-conformance  | Initial<br>Chief Eng | Action<br>Description   | Sign &<br>Date | Verification | QC Inspector |  |  |
| Doc/Data <input type="checkbox"/>                            |      |      |     |   |                      |   |                |              |              |  |  |
| Equip/Tooling <input type="checkbox"/>                       |      |      |     |   |                      |   |                |              |              |  |  |
| Operator <input type="checkbox"/>                            |      |      |     |   |                      |   |                |              |              |  |  |
| Material <input type="checkbox"/>                            |      |      |     |   |                      |   |                |              |              |  |  |
| Setup <input type="checkbox"/>                               |      |      |     |   |                      |   |                |              |              |  |  |
| Other <input type="checkbox"/>                               |      |      |     |   |                      |   |                |              |              |  |  |
| Process <input type="checkbox"/>                             |      |      |     |   |                      |   |                |              |              |  |  |
| Supplier <input type="checkbox"/>                            |      |      |     |   |                      |   |                |              |              |  |  |
| Training <input type="checkbox"/>                            |      |      |     |   |                      |   |                |              |              |  |  |
| Unapproved <input type="checkbox"/>                          |      |      |     |   |                      |   |                |              |              |  |  |

| FAULT CATEGORY  |   |  |   |   |  |  |  |  |  |
|---|---|--|---|---|--|--|--|--|--|
| <b>Landing Gear</b>                                   |   |  | <b>General</b>                                |   |  |  |  |  |  |
| <input type="checkbox"/> Bending                      | <input type="checkbox"/> Bend           | <input type="checkbox"/> Grain                           | <input type="checkbox"/> Ovalized             | <input type="checkbox"/> Pressure/Forced    |  |  |  |  |  |
| <input type="checkbox"/> Centre Not Concentric to O/S | <input type="checkbox"/> BOM/Route      | <input type="checkbox"/> Hardware                        | <input type="checkbox"/> Over/Under tolerance | <input type="checkbox"/> Temperature/Cure   |  |  |  |  |  |
| <input type="checkbox"/> Cracks                       | <input type="checkbox"/> Broken/Damaged | <input type="checkbox"/> Inspection Incomplete           | <input type="checkbox"/> Part Incorrect       | <input type="checkbox"/> Weld               |  |  |  |  |  |
| <input type="checkbox"/> Crushed/Crimped              | <input type="checkbox"/> Burrs          | <input type="checkbox"/> Instructions Incomplete/Unclear | <input type="checkbox"/> Part Lost/Missing    | <input type="checkbox"/> Wrong Stock Pulled |  |  |  |  |  |
| <input type="checkbox"/> Cuffs                        | <input type="checkbox"/> Contamination  | <input type="checkbox"/> Maintenance                     | <input type="checkbox"/> Part Moved           |   |  |  |  |  |  |
| <input type="checkbox"/> Heat Treat                   | <input type="checkbox"/> Countersink    | <input type="checkbox"/> Mislabeled                      | <input type="checkbox"/> Positioned Wrong     |   |  |  |  |  |  |
| <input type="checkbox"/> Inspection Strip in Tube     | <input type="checkbox"/> Cut Too Short  | <input type="checkbox"/> Misread                         | <input type="checkbox"/> Power Loss/Surge     | <input type="checkbox"/> Other              |  |  |  |  |  |
| <input type="checkbox"/> Ripples in Bend              | <input type="checkbox"/> Drill Holes    | <input type="checkbox"/> Offset                          |   |   |  |  |  |  |  |
| <input type="checkbox"/> Torque Waves in Extrusion    | <input type="checkbox"/> Drawing        | <input type="checkbox"/> Out of Calibration              |   |   |  |  |  |  |  |
| <input type="checkbox"/> Turning Sequence             | <input type="checkbox"/> Finish         | <input type="checkbox"/> Out of Sequence                 |   |   |  |  |  |  |  |
| <input type="checkbox"/> Wave/Twist in Tube           | <input type="checkbox"/> Folio          | <input type="checkbox"/> Outside Dimensions              |   |   |  |  |  |  |  |

# Work Order ID 102436

May-28-13 10:11:20 AM

**\*102436\***

Page 2

Item ID: D2813

Accept

**\*N900040100\***

Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Washer

Start Date: 6/14/13

Start Qty: 20.00

**\*20\***

Cust Item ID:

Required Date: 6/14/13

Req'd Qty: 20.00

**\*20\***

Customer:

Reference:

Approvals:

Process Plan: \_\_\_\_\_

Date: \_\_\_\_\_

Tooling: \_\_\_\_\_

Date: \_\_\_\_\_

QC: \_\_\_\_\_

Date: \_\_\_\_\_

SPC (Y/N): \_\_\_\_\_

Date: \_\_\_\_\_

Run Start **\*NR1\***

Stop **\*NR2\***

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

130

Identify as per dwg & Stock Location: *STC/8*

0.00

**\*130\***

Packaging

Memo

0.00

Packaging

*20x* *8*  
*B6-7*

140

QC21- Final Inspection - Work Order Release

0.00

**\*140\***

QC

Memo

0.00

Quality Control

*13/6/10*  
*MF*  
*13-6-10*

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|  |  |  |  |  |   |  |
|--|--|--|--|--|---|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____   | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><table style="width: 100%;"> <tr> <td style="width: 33%;">           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </td> <td style="width: 33%;">           Crosstube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </td> <td style="width: 33%;">           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </td> <td style="width: 33%;">           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </td> </tr> </table> | Skid-tube <input type="checkbox"/><br>Machining <input type="checkbox"/><br>Thermoforming <input type="checkbox"/><br>Large Fab <input type="checkbox"/> | Crosstube <input type="checkbox"/><br>Small Fab <input type="checkbox"/><br>Finishing <input type="checkbox"/><br>Composite <input type="checkbox"/> | Water Jet <input type="checkbox"/><br>Prod. Eng. Coord. <input type="checkbox"/><br>Rec/Store/Packaging <input type="checkbox"/><br>Supplier <input type="checkbox"/> | Engineering <input type="checkbox"/><br>Quality <input type="checkbox"/><br>Other <input type="checkbox"/> |
| Skid-tube <input type="checkbox"/><br>Machining <input type="checkbox"/><br>Thermoforming <input type="checkbox"/><br>Large Fab <input type="checkbox"/> | Crosstube <input type="checkbox"/><br>Small Fab <input type="checkbox"/><br>Finishing <input type="checkbox"/><br>Composite <input type="checkbox"/>                               | Water Jet <input type="checkbox"/><br>Prod. Eng. Coord. <input type="checkbox"/><br>Rec/Store/Packaging <input type="checkbox"/><br>Supplier <input type="checkbox"/>  | Engineering <input type="checkbox"/><br>Quality <input type="checkbox"/><br>Other <input type="checkbox"/>   |  |   |  |

| Root Cause    | Date | Step | Qty | Description of work order update or non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
|---------------|------|------|-----|---|-------------------|--------------------|-------------|--------------|--------------|
| Design        |      |      |     |   |                   |                    |             |              |              |
| Doc/Data      |      |      |     |   |                   |                    |             |              |              |
| Equip/Tooling |      |      |     |   |                   |                    |             |              |              |
| Handling/Pre  |      |      |     |   |                   |                    |             |              |              |
| Material      |      |      |     |   |                   |                    |             |              |              |
| Operator      |      |      |     |   |                   |                    |             |              |              |
| Offset/Setup  |      |      |     |   |                   |                    |             |              |              |
| Process       |      |      |     |   |                   |                    |             |              |              |
| Supplier      |      |      |     |   |                   |                    |             |              |              |
| Training      |      |      |     |   |                   |                    |             |              |              |
| Transport     |      |      |     |   |                   |                    |             |              |              |
| Unapproved    |      |      |     |   |                   |                    |             |              |              |

### FAULT CATEGORY

|  |  |   |  |
|--|--|---|--|
| <b>Landing Gear</b><br><input type="checkbox"/> Bending<br><input type="checkbox"/> Centre Not Concentric<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Crimp/Kink/Ripple/Wave<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Crushing<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Inspection Strip in Tube<br><input type="checkbox"/> Marks/Chatter<br><input type="checkbox"/> Turning Sequence<br><input type="checkbox"/> Wave/Twist in Tube | <b>General</b><br><input type="checkbox"/> Bend<br><input type="checkbox"/> BOM/Route<br><input type="checkbox"/> Broken/Damage/Defect<br><input type="checkbox"/> Burrs<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Drill Holes<br><input type="checkbox"/> Finish<br><input type="checkbox"/> Fit/Function | <input type="checkbox"/> Folio/Program<br><input type="checkbox"/> Grain<br><input type="checkbox"/> Hardware<br><input type="checkbox"/> Inspection Incomplete/Unqualified<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Misaligned/off center<br><input type="checkbox"/> Mislabeled<br><input type="checkbox"/> Misread<br><input type="checkbox"/> Off-set<br><input type="checkbox"/> Out of Calibration<br><input type="checkbox"/> Out of Sequence | <input type="checkbox"/> Outside Dimensions<br><input type="checkbox"/> Over/Under tolerance<br><input type="checkbox"/> Part Incorrect<br><input type="checkbox"/> Part Lost/Missing<br><input type="checkbox"/> Part Moved<br><input type="checkbox"/> Positioned Wrong<br><input type="checkbox"/> Power Loss/Surge<br><br><input type="checkbox"/> Pressure/Forced<br><input type="checkbox"/> Set-up<br><input type="checkbox"/> Temperature/Cure<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled<br><input type="checkbox"/> Other |
|--|--|---|--|

# Picklist Print

May-28-13 10:11:19 AM

Page 1

Work Order ID: 102436

Parent Item: D2813

Parent Item Name: Washer

Start Date: 6/14/13

Required Date: 6/14/13

Start Qty: 20.00

Required Qty: 20.00

Comments: IPP Rev:C Now Turned 06-02-24 JLM  
IPP Rev:B00.11.16Changed material EC

| Component Item ID/<br>Item Name         | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit | Total<br>Qty | Qty<br>Issued | Date<br>Issued | Status |
|---|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
| MDELRLNR2.000<br>DELRIN ROUND BAR 2.00" |                        | Purchased     | No          |                     |                  | 100             | f                  | 19 3980        | 0.016       | 0.336842     |               |                |        |

Location

Loc Qty

Loc Code

MAT018

19.398

104930 ✓

16.778

117586

2.62

333

13.6.6

24  
2-89

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

|  |      |      |     |   |                      |   |                |              |              |  |  |
|--|------|------|-----|---|----------------------|---|----------------|--------------|--------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |      |      |     | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Work Order Update <input type="checkbox"/> |                      | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                |              |              |  |  |
| <b>Root Cause</b>  | Date | Step | Qty | Description of work order update<br>or Non-conformance  | Initial<br>Chief Eng | Action<br>Description   | Sign &<br>Date | Verification | QC Inspector |  |  |
| Doc/Data <input type="checkbox"/>                            |      |      |     |   |                      |   |                |              |              |  |  |
| Equip/Tooling <input type="checkbox"/>                       |      |      |     |   |                      |   |                |              |              |  |  |
| Operator <input type="checkbox"/>                            |      |      |     |   |                      |   |                |              |              |  |  |
| Material <input type="checkbox"/>                            |      |      |     |   |                      |   |                |              |              |  |  |
| Setup <input type="checkbox"/>                               |      |      |     |   |                      |   |                |              |              |  |  |
| Other <input type="checkbox"/>                               |      |      |     |   |                      |   |                |              |              |  |  |
| Process <input type="checkbox"/>                             |      |      |     |   |                      |   |                |              |              |  |  |
| Supplier <input type="checkbox"/>                            |      |      |     |   |                      |   |                |              |              |  |  |
| Training <input type="checkbox"/>                            |      |      |     |   |                      |   |                |              |              |  |  |
| Unapproved <input type="checkbox"/>                          |      |      |     |   |                      |   |                |              |              |  |  |

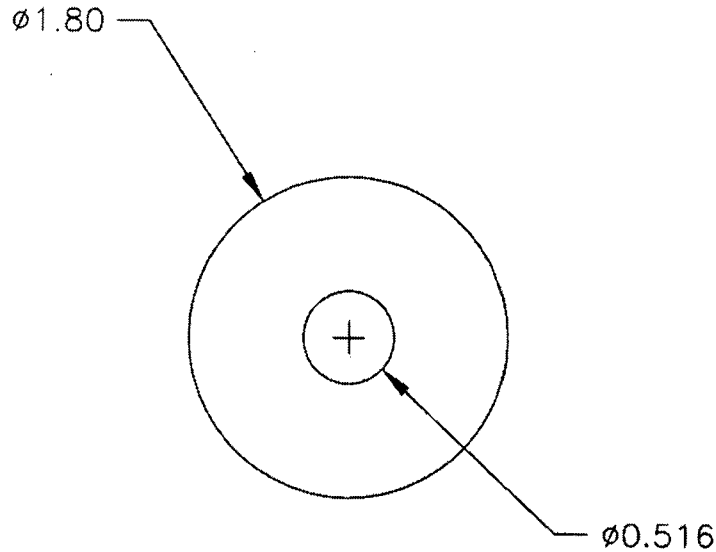
| FAULT CATEGORY           |                              |                          |                |                          |                                 |                          |                      |                          |                    |
|--------------------------|------------------------------|--------------------------|----------------|--------------------------|---------------------------------|--------------------------|----------------------|--------------------------|--------------------|
| <b>Landing Gear</b>      |                              |                          | <b>General</b> |                          |                                 |                          |                      |                          |                    |
| <input type="checkbox"/> | Bending                      | <input type="checkbox"/> | Bend           | <input type="checkbox"/> | Grain                           | <input type="checkbox"/> | Ovalized             | <input type="checkbox"/> | Pressure/Forced    |
| <input type="checkbox"/> | Centre Not Concentric to O/S | <input type="checkbox"/> | BOM/Route      | <input type="checkbox"/> | Hardware                        | <input type="checkbox"/> | Over/Under tolerance | <input type="checkbox"/> | Temperature/Cure   |
| <input type="checkbox"/> | Cracks                       | <input type="checkbox"/> | Broken/Damaged | <input type="checkbox"/> | Inspection Incomplete           | <input type="checkbox"/> | Part Incorrect       | <input type="checkbox"/> | Weld               |
| <input type="checkbox"/> | Crushed/Crimped              | <input type="checkbox"/> | Burrs          | <input type="checkbox"/> | Instructions Incomplete/Unclear | <input type="checkbox"/> | Part Lost/Missing    | <input type="checkbox"/> | Wrong Stock Pulled |
| <input type="checkbox"/> | Cuffs                        | <input type="checkbox"/> | Contamination  | <input type="checkbox"/> | Maintenance                     | <input type="checkbox"/> | Part Moved           | <input type="checkbox"/> |                    |
| <input type="checkbox"/> | Heat Treat                   | <input type="checkbox"/> | Countersink    | <input type="checkbox"/> | Mislabeled                      | <input type="checkbox"/> | Positioned Wrong     | <input type="checkbox"/> | Other              |
| <input type="checkbox"/> | Inspection Strip in Tube     | <input type="checkbox"/> | Cut Too Short  | <input type="checkbox"/> | Misread                         | <input type="checkbox"/> | Power Loss/Surge     |                          |                    |
| <input type="checkbox"/> | Ripples in Bend              | <input type="checkbox"/> | Drill Holes    | <input type="checkbox"/> | Offset                          |                          |                      |                          |                    |
| <input type="checkbox"/> | Torque Waves in Extrusion    | <input type="checkbox"/> | Drawing        | <input type="checkbox"/> | Out of Calibration              |                          |                      |                          |                    |
| <input type="checkbox"/> | Turning Sequence             | <input type="checkbox"/> | Finish         | <input type="checkbox"/> | Out of Sequence                 |                          |                      |                          |                    |
| <input type="checkbox"/> | Wave/Twist in Tube           | <input type="checkbox"/> | Folio          | <input type="checkbox"/> | Outside Dimensions              |                          |                      |                          |                    |





|                   |                   |   |                        |
|-------------------|-------------------|---|------------------------|
| DESIGN <i>#</i>   | DRAWN BY <i>#</i> | DART AEROSPACE LTD<br>HAWKESBURY, ONTARIO, CANADA |                        |
| CHECKED <i>CP</i> | APPROVED <i>#</i> | DRAWING NO.<br>D2813                              | REV. A<br>SHEET 1 OF 1 |
| DATE<br>00.11.03  |                   | TITLE<br>WASHER                                   | SCALE<br>1:1           |
| A                 | 00.11.03          | NEW ISSUE   |                        |

RELEASED  
00.11.03 *#*



UNCONTROLLED  
NO. 102436 M15  
13-05-29

MATERIAL: DELRIN OR TEFLON OR UHMW 0.063 THICK  
TOLERANCES PER DART QSI 018 UNLESS OTHERWISE NOTED  
THIS PART CAN BE MADE FROM D2551

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